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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Technology Center 2100

AMENDMENT

Sir:

In response to the Office Action dated October 1, 2002, the Examiner is respectfully requested to amend the above-identified application as follows:

IN THE CLAIMS:

Please amend Claim 4 and add new Claims 24 and 25, as follows. A marked-up copy of the amended claim showing the changes made thereto, is attached. Note that all the claims currently pending in this application, including those not presently being amended, have been reproduced below for the Examiner's convenience.

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2174

In re Application of:

MASAHIKO YOKOTA

Application No.: 09/388,373

Filed: September 1, 1999

For: USER INTERFACE DISPLAY APPARATUS
AND METHOD OF CONTROLLING SAME

Docket No.: 00862.003008

Examiner: T. Nguyen

Group Art Unit: 2174

Date: January 2, 2003
(Thursday After Holiday)COMMISSIONER FOR PATENTS
Washington, D.C. 20231

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Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	22	MINUS	23	= 0	x \$9 \$18	\$ -0-
INDEP. CLAIMS	7	MINUS	8	= 0	x \$42 \$84	\$ -0-
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ -0-

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.☐ A check in the amount of \$____ is enclosed.☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

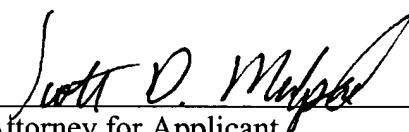
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Scott D. Malpede
Registration No. 32,533

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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